DOCUMENT RESUME

ED 234 307 CG 016 901

AUTHOR Fling, Sheila; Tayloe, Bryan
TITLE A Visitation/Training Program for Institutionalized Elderly.
SPONS AGENCY Texas Univ., Austin. Hogg Foundation for Mental Health.
PUB DATE Apr 83
NOTE 16p.; Paper presented at the Annual Convention of the Southwestern Psychological Association (29th, San Antonio, TX, April 21-23, 1983).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS College Students; Counseling; Counseling Techniques; *Depression (Psychology); Higher Education; Mental Health; *Nursing Homes; *Older Adults; Program Effectiveness; *Self Esteem; Volunteers; *Volunteer Training

ABSTRACT

Research on the use of paraprofessionals and trained volunteers for visitation programs with elders is limited. To determine the effects of a visitation program on nursing home residents and their college student and elder visitors, and to explore the effectiveness of special training for such visitation, nursing home residents (N=25) visited with 12 trained or 13 less trained college student visitors for 7 weeks. Of those residents, four visited with trained community elders for the next 7 weeks. Statistical analyses showed that residents' depression and self-esteem improved significantly over the first period, and regressed to pretest levels in the next. A measure of counseling skills supported the effectiveness of training since trained students showed greater skills, and residents' increase in self-esteem correlated significantly with visitors' counseling skills. Students improved significantly in counseling skills, knowledge of aging, and attitudes toward elders. Elder visitors improved significantly in knowledge of aging. (WAS)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED234307

A Visitation/Training Program for Institutionalized Elderly

Sheila Fling and Bryan Tayloe

Southwest Texas State University

CG 016901

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Sheila Fling

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Abstract

Randomly assigned 25 nursing home residents to 12 trained or 13 less trained college student visitors for two weekly visits for seven weeks. Four of the residents received weekly visits for the next seven weeks from trained community elders. Trained visitors studied Rogerian counseling and aging; less trained ones met for discussion. Residents improved significantly over the first period on Zung's Depression Scale ($p < .04$) and Rosenberg's Self-Esteem Scale ($p < .03$) and regressed to pretest levels over the next period. Although residents with trained students did not improve significantly more than those with untrained students, the effectiveness of the training was supported in that less trained students did significantly poorer than trained ones on Wolf's Counseling Skills Evaluation ($p < .05$) and residents' increase in self-esteem correlated significantly with visitors' counseling skills ($p < .01$). Students improved significantly on counseling skills ($p < .05$), Palmore's Facts on Aging Quiz ($p < .002$), and attitudes toward elders on Kogan's Old People Scale ($p < .02$). Elder visitors improved significantly on Palmore's Quiz ($p < .03$) and approached significant improvement in counseling skills ($p < .06$). Student and elder volunteers seem to be a viable source of help for nursing home residents and to benefit themselves.

A Visitation/Training Program for Institutionalized Elders

The mental health of elders is probably more neglected than that of any other age group. The situation is especially disturbing in nursing homes, where eighty percent are estimated to have mental health problems (Pfeiffer, 1977). With the increasing proportion of elders in our population, rising costs of residential care, cut-backs in government funds, and adverse side-effects of medication, more emphasis on prevention and alternatives to traditional treatment seems critical.

Research in the use of paraprofessionals and trained volunteers for visitation programs with elders is limited. In Mulligan's (1978) study, volunteers visited community elders using structured interviews to assess improvement in self-help and social behavior. Although the author was quite positive in his conclusions, the study was inadequate because data were gathered by the visitors themselves and hence were subject to experimenter bias and demand characteristics, and no statistical tests were reported. We found no controlled studies on training volunteers in knowledge and skills for visiting elders.

The purposes of our visitation project were to determine its effects on nursing home residents and on their college student and elder visitors and to explore the effectiveness of special training for such visitation. We predicted that the residents would improve in self-esteem, depression, and overall well-being and that their visitors would improve in counseling skills,

knowledge of and attitudes toward elders. We also expected greater improvement in the trained visitor group and their residents.

Method

Participants

Twenty-five residents (9 men, 16 women) were chosen by the director, nurse, and activities coordinator of the nursing home as "most likely to benefit from having a visitor." Average age was 81 with 21 Anglos, 2 blacks, and 2 Mexican-Americans.

For Phase I of the project, 25 undergraduate students (11 men, 14 women) volunteered as visitors. Average age was 23 with 19 Anglos, 5 Mexican-Americans, and 1 Oriental. Twelve of these formed the "trained" group and were recruited from the first author's previous or concurrent Introduction to Clinical Psychology course. The core of this applied course in Rogerian counseling supplemented with other major therapeutic approaches. The 13 students forming the "less trained" group were recruited by announcements in three other upper level psychology courses.

For Phase II, eight community elders volunteered as visitors in response to announcements at local churches and elder organizations and to signs posted in the community. They were Anglo women with an average age of 66 and an educational level ranging from high school through the master's degree.

Procedure

Phase I. The nursinghome residents were randomly assigned to the trained and less-trained student visitors for two half-hour

visits per week for seven weeks. For supervisory and heuristic purposes, each vistor was required to turn in two written reports weekly over the content and process of the visits with their elder.

The trained visitors met one hour weekly for the seven weeks to discuss the application of their clinical training with their elders, to role-play difficult situations, to study issues of aging and dying, and to deal with their feelings. In their visits, they primarily used the reflective listening skills of the Rogerian approach. The less-trained visitors were simply told to use their best common sense and intuition and to report to us any problems that arose. During the third week, meetings were begun for this group in response to a perceived need to discuss their experiences. Instead of actively training them, we primarily reflected their discussion.

At the end of the seven weeks' visitation, which coincided with the end of spring semester when most of the students would be leaving, visitors reminded their residents the program would soon be over and asked if they would like to have someone start visiting who would be closer to their own age.

Phase II. The community elder visitors met with the two student visitor groups to hear reports on their residents and experiences and to arrange transitional visits to be introduced to the resident by the student. A few of the students continued contacts with those residents who had no elder visitor but less regularly than in Phase I.

The Phase II program was identical to Phase I except that the elder visitors received intensive training in Rogerian counseling in

their weekly meetings in addition to the discussion of issues of aging and dying, and some of them visited one hour weekly rather than two half-hour sessions.

Evaluation. Residents were pretested before Phase I, and their posttesting at the end of Phase I served as pretesting for Phase II, and their posttesting after Phase II as a follow-up for Phase I. Two assistants (1 male, 1 female), who did these three evaluations, were each randomly assigned half of the residents who had trained student visitors and half of those who had the less trained student visitors, but they were kept "blind" to the residents' group assignment. The assistants were trained by role-playing to obtain the residents' consent and to verbally administer Zung's (1965, 1967) Depression Scale and the 10 item version of the Self-Esteem Scale (Rosenberg, 1965; Ward, 1977) in this order to each resident. At the time of the first and second evaluations, the three key nursing home staff members, who were also kept blind as to the residents' group assignment, independently rated the "overall well-being" of each resident on a 1 (low) to 10 (high) scale. Their three ratings were averaged for each resident.

The two student visitor groups met separately for orientation/pretesting at the beginning of Phase I and for posttesting at the end of Phase I. The community elder visitor group was tested at the beginning and end of Phase II. In all instances, the following three tests were administered in the following order.

Wolf's (1976) Counseling Skills Evaluation film, Part I, requires rating from 1 (destructive) to 5 (extremely helpful) five counselor responses to each of 12 client statements. The "correct" ratings for this test were developed from averages of experienced therapists trained in the Rogerian tradition. An individual's score is the average deviation of their rankings from these standard rankings. Norms and good reliability and validity data have been published (Wolf, 1980). The first six client statements were used for pretest and the last six for posttest. Attitudes toward elders were assessed with Kogan's (1961) Old People Scale. It consists of 17 positive and 17 negative statements to be rated on a six point Likert scale from strongly agree to strongly disagree. Knowledge about elders was assessed with Palmore's (1977) Facts on Aging Quiz. It is a 25 item, true-false quiz based on research findings and has a low enough correlation with Kogan's scale to indicate that they are primarily measuring knowledge and attitudes respectively.

Results

Student visitors who made 0 to 6 visits rather than the required 14 formed a "drop out" group. Of the 25 students who began, 24 completed pre- and post-testing. Four of the eight elder visitors completed pre- and post-testing. Twenty-one of the 25 nursing home residents completed pre-, post-, and followup testing.

Insert Table 1 about here

Table 1 shows that, during Phase I, residents' self-esteem in-

creased significantly ($p < .03$), depression decreased significantly ($p < .04$), and overall well-being approached significant improvement ($p < .07$). During Phase II, their self-esteem and depression regressed significantly ($p < .03$) but to a level not significantly different from pretest. The three subgroups of residents did not differ significantly in any of these changes, but the increase in self-esteem did correlate significantly with their visitors' counseling skills ($r = .49$, $N = 21$, $p < .01$).

Insert Table 2 about here

Table 2 shows the project's effects on the visitors. Student visitors as a total group improved significantly in counseling skills ($p < .05$), knowledge of elders ($p < .002$) and attitudes toward elders ($p < .02$). As expected, the less trained student group showed significantly ($p < .05$) less counseling skills than both the trained group and the drop-outs, two-thirds of which were originally in the trained group. The three subgroups approached a significant difference in knowledge of elders at posttest ($p < .08$), and this knowledge was in the same order as the amount of training. The three groups differed significantly in attitudes toward elders at pretest ($p < .04$) and posttest ($p < .003$). Analysis of covariance of posttest attitudes using the pretest as a covariate was also significant ($p < .02$). Posttest means, thus adjusted for pretest differences, were comparable for the trained and less trained groups, 191 and 196 respectively, and the drop-outs' attitudes were more negative (177.8).

Table 2 also shows that the elder visitors increased significantly

in knowledge of elders ($p < .03$) and approached a significant increase in counseling skills ($p < .06$). Three of the four elder visitors also improved markedly in attitudes toward elders.

Discussion

Our evidence indicates that nursing home residents' mental health improved when they were visited regularly by college students, and then regressed to previous levels when only a few of them were visited by community elders or less regularly by the students. The regression was not too suprising due to this lesser intensity of Phase II. Also, many residents formed strong attachments to their student visitors, and some depression over their loss is understandable.

Our data also suggest that the training/visitation program favorably affected both student and elder visitors, in general improving their counseling skills, knowledge of and attitudes toward elders. The trained and less-trained groups clearly differed in their counseling skills. The previous training of the trained group and two-thirds of the drop-out group, however, apparently created a type of "ceiling effect" limiting additional improvement. The improved counseling skills of the less-trained group may have been due to their experience with their residents and a modeling effect of our reflecting their group discussion. Our success in training elders in Rogerian listening skills is consistent with the only other study we've found attempting this (Isquick, 1981). Old dogs can learn new tricks!

The improved attitudes toward elders may have been due not only to the training but also to the old principle that behavior change (in

this case, visiting elders) leads to attitude change. The intially better attitudes of the less-trained group may have been due to their having been recruited from a much larger population than the trained group, thus having more "pure" motivation to work with elders than the latter who may have been more motivated to please the professor of their clinical course. As expected, however, the attitude of the trained group showed the most improvement. Controlling statistically for pretest differences, the drop-outs' more negative and slightly worsening attitudes can be seen as both a cause and an effect of their experience and dropping out. The one elder visitor who worsened in attitude seemed to disidentify with elders rather defensively and to use her experience at the nursing home to confirm her attitude about "those" elderly. The marked improvement in attitude of the other elder visitors is encouraging, especially in light of Isquick's (1981) failure to find significant change in attitudes toward elders with empathy training but no visitation program.

We found that the visitors with greater counseling skill apparently had greater impact on the residents' self-esteem, thus supporting the efficacy of the training. The three subgroups of residents did not differ significantly, however, in the extent of their improvement. The less trained visitors' lack of training may have been compensated for by their more positive initial attitudes toward elders. The small group sizes would also make reaching statistically significant differences difficult.

A "blind" content analysis of the weekly reports also seemed to

support the effectiveness of the Rogerian approach in facilitating deeper self-exploration. The trained visitors' residents talked more about their past, their feelings, death, and religion, and the untrained visitors' residents talked more about the weather and soap operas.

College students and community elders seem to be viable source of paraprofessional help for nursing home residents. We recommend that research with larger samples, longer programs, and more reliable measures be conducted to explore further the relationship between their training and the residents' improvements.

References

Isquick, M.F. Training elder people in empathy: Effects on empathy, attitudes, and self-exploration. International Journal of Aging and Human Development, 1981, 13, 1-14.

Kogan, N. Attitudes toward old people: The development of a scale and an examination of correlates. Journal of Abnormal and Social Psychology, 1961, 62, 44-54.

Mulligan, M.A. A friendly visitors program: Its impact on the social and mental functioning of the elderly. Issues in Mental Health Nursing, 1978, 1, 1-11.

Palmore, E. Facts on aging: A short quiz. Gerontologist, 1977, 17, 315-320.

Pfeiffer, E. Psychopathology and social pathology. In J.E. Birren & K.W. Schaie, (Eds.), Handbook of psychology and aging. New York: Van Nostrand Reinhold, 1977.

Rosenberg, M. Society and the adolescent self-image. Princeton: Princeton University Press, 1965.

Ward, R.A. The impact of subjective age and stigma of older persons. Journal of Gerontology, 1977, 32, 227-232.

Wolf, S. (Producer). Counseling skills evaluation. Poway, California: Psychologycal Skills Development Corporation, 1976. (Film)

Wolf, S., Wolf, C.M., & Spielberg, G. The Wolf counseling skills evaluation handbook. Omaha: National Publication, 1980.

Zung, W.W. A self-rating depression scale. Archives of General Psychiatry, 1965, 12, 63-70.

Zung, W.W. Depression in the normal aged. Psychosomatics, 1967, 8, 287-292.

Footnotes

This report is based on research presented in a paper at the Annual Convention of the Southwestern Psychological Association in San Antonio, Texas, on April 15, 1983.

We are grateful to the Hogg Foundation for Mental Health for a grant to support this project. We also thank the Care Inn Nursing Home, San Marcos, Texas, and its staff for their fine cooperation. Appreciation is due the two assistants, Becky Smith and Billy Patterson, as well as the residents and their visitors.

Address correspondance to Dr. Sheila Fling, Psychology Department, Southwest Texas State University, San Marcos, Texas, 78666.

Table 1

Nursing Home Residents' Characteristics (Mean Scores) N = 21

Variable	Pretest	Posttest	Follow-up
Self-esteem	31.8	33.6**	31.8[a]
Depression	38.3	35.6**	39.5[a]
Overall well-being	7.6	7.8*	-----

[a]Differ significantly ($p < .03$) from posttest but not from pretest

*$p < .10$ t - test for correlated means, 1-tailed for directional hypotheses

**$p < .05$ t - test for correlated means, 1-tailed for directional hypotheses

Table 2

Visitors' Characteristics (Mean Scores)

	Students				Elders
Measure	Trained	Less Trained	Drop-outs	Total	
	N = 7	N = 11	N = 6	N = 24	N = 4
Counseling Skills[a]					
Pre	.80 ---	1.62****	--- .89	1.20	1.84
Post	.79 ---	1.46****	--- .88	1.12**	1.48*
Facts on Aging					
Pre	15.4	15.6	15.3	15.5	16.2
Post	20.4* ---	16.8	19.0	18.4****	23.4**
Old People Scale					
Pre	171.9**---	192.5	177.7	182.8	168.3
Post	185.3	201.4*** ---	175.2	190.1***	184.5

[a]Lower scores on the Counseling Skills Evaluation indicate more skill.

Note. The first three columns represent ANOVA with the asteriks indicating significance levels using 2-tailed tests and the dashes between columns indicating which pairs differed significantly ($p < .05$) by the Tukey-HSD test. The last two columns represent t-tests for correlated means with the asteriks indicating significance levels using 1-tailed tests for directional hypotheses.

*$p < .10$

**$p < .05$

***$p < .01$

****$p < .001$